

**WELFARE TO WORK INDIVIDUAL EDUCATION/TRAINING AND
EMPLOYMENT ASSESSMENT CHECKLIST**

(REVISED 4/18/02)

NAME OF PARTICIPANT: _____

VOUCHER NUMBER: _____ **SOCIAL SECURITY NUMBER:** _____

ASSISTANCE AND BENEFITS

Receive TANF _____ General Assistance _____ Food Stamps _____
Medicaid/children's Health Benefits _____ Earned Income Tax Credit _____
How many children are receiving childcare services? _____
(the child must be less than 13 years old on the effective date)

EDUCATION/TRAINING: How many years of school has the head of household completed?

_____ Type of Program: GED _____ Technical Training/Community College _____
(currently enrolled in) College/University _____ Name of School _____

_____ Expected Date of Completion _____
Type of Verification Received: Grade Report _____ Certificate _____ Transcript _____
Attendance Records _____ School Schedule _____

JOB SEARCH

Registration with Employment Security Commission _____
Date of Registration with Employment Security Commission _____
Date of Registration with a Staffing Agency _____
Name of Agency _____
Date of Enrollment in JobLink Career Center _____
Other _____

EMPLOYMENT

Employed – F/T(32 hours) _____ Part Time _____ N/A _____
Date of Employment _____ Employer _____
_____ Telephone # _____ Health Benefits _____
_____ Retirement Plan _____
Other Benefits _____

PERSONAL ILLNESS

Application for SSI/SSDI to Social Security Administration _____
Letter from Hospital/Doctor _____
Letter of Termination of Employment Due to Illness/Injury _____

OTHER (AS NAMED BY RESIDENT): VERIFICATION AS SUPPLIED BY CLIENT

_____ Unable To Track (Head of Household Disabled) (Pre-application for regular voucher given.)

_____ Satisfactory progress towards self-sufficiency **has** been made by the participant as indicated above.

_____ Satisfactory progress towards self-sufficiency **has not** been made by the participant as indicated above.

_____ Need 6-month follow up. *(Complete the Individual Training/Employment Plan on the back page.)*

_____ Schedule Grievance Hearing. (_____)

_____ Currently not working full time or has not been employed for at least 3 consecutive months but performing activities that could determine showing progress towards self-sufficiency. Need 6-month follow up. *(Complete the Individual Training/Employment Plan on the back page.)*

RHA HOUSING SPECIALIST'S SIGNATURE: _____

PARTICIPANT'S SIGNATURE: _____ **DATE:** _____
